



Annual Medical Director's Report
(AMDR)

Mission Statement

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”

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Version History

(Please visit the [PHECC website](#) to confirm current version.)

Name: LIS021_Annual Medical Directors Report (AMDR)		
Version	Date	Details
1	August 2018	New document approved by Council as part of application and renewal process for CPG Licensed Providers

Annual Medical Directors Report (AMDR)

Scope

This documents purpose is to support the Council Rules for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (POL003) by informing CPG Licensed Providers of the standard required for the Annual Medical Directors Report (LIS021)

Purpose & Rationale

Standardising the mechanism for CPG licensed Providers to return important information to PHECC in an Annual Medical Directors Report (AMDR) supports a structured approach and use of a template approach. Having a standard allows for responsive update of required content should additional requirements be identified into future through the GVF process.

Content of Annual Medical Directors Report (LIS021)

The report should be retrospective and cover the previous 12 months:

	Requirement	PHECC Inclusion Checklist
	Organisational Overview	
	A descriptive summary of the nature and type of service provided in the previous 12 months to include:	
1	Clinical Levels operated by the Provider.	Y / N
2	Circumstances and Situations where CPGs were used.	Y / N
3	Number of patients cared for, transported, refused and referred.	Y / N
4	Record of CPG Exemptions approved by Medical Director and implemented in organisation.	Y / N
5	Report on incidents/ calls where staff/ volunteers were not the clinical lead of the crew. (e.g. Doctor/ Nurse).	Y / N
6	A summary of training/ placement activities.	Y / N
	A summary of significant organisational or operational activity changes within the previous 12 months to include changes in:	
7	Locations/contact details.	Y / N
8	Key personnel. <i>Key personnel are directors, trustees, business owners and/or employees who have the authority to directly or indirectly plan and control business operation.</i>	Y / N
9	Organisational description.	Y / N
10	Circumstances and situations where CPGs were used.	Y / N
11	Clinical levels and/or CPG exemptions	Y / N
12	Insurance levels. (Clinical Indemnity/ Medical Malpractice)	Y / N

13	Model for attending to/ transporting patients in your organisation's care	Y / N
Report on implementation of Council Requirements/standards		
14	A report on the implementation of Council requirements/standards issued within the period (including details of updated policies, procedures, guidelines and/or training).	Y / N
Registered Employees, Contractors and/or Volunteers		
15	A list of the CPG privileged status of Employees, Contractors and/or Volunteers and their current CPG status – detailing the edition of CPGs that they are privileged to use.	Y / N
Safe Care & Support		
16	A report on adverse incidents, including near misses and no-harm events identified and actions completed and/or changes in policies/procedures as a result. This report should include the number and types of adverse incidents.	Y / N
17	A report on activities to ascertain patient/staff satisfaction surveys, engagement or activities.	Y / N
Effective Care & Support		
18	Submission of all clinical audits completed within the previous twelve months, outlining the clinical findings and corrective actions undertaken.	Y / N
Workforce		
19	A report on any employees, contractors and/or volunteers of staff that were subject to review by a professional body including actions undertaken to protect the public.	Y / N
Supplementary information		
20	Other information as determined by Council from time to time.	Y / N



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